

| For Office Use Only: | Name | Office | Report |
|----------------------|------|--------|--------|
| | | | |

Name of candidate, committee or corporation Vote Yes for Success
Office sought or ballot question Bond Referendum - Hospital District 745

Period of time covered by report:
from 5/26 to 5/31/22

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

| | | | | | |
|-----------------------|----|-----------------|--------------------|----|-----------------|
| CASH | \$ | <u>1,500.00</u> | TOTAL CASH-ON-HAND | \$ | <u>1,824.88</u> |
| IN-KIND | + | \$ | | | |
| TOTAL AMOUNT RECEIVED | = | \$ | <u>1,500.00</u> | | |

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

| <i>Date</i> | <i>Purpose</i> | <i>Amount</i> |
|-------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | TOTAL | |

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description

| <i>Date</i> | <i>Purpose</i> | <i>Name and Address of Recipient</i> | <i>Expenditure or Contribution Amount</i> |
|-------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement.

Signature Sue Clemen Date 6/10/22

Printed Name Sue Clemen Telephone 218-830-0401 Email (if available) smclemen@

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